DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

45th 10/10/10

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445439	A. BUILDING 01 - MAIN BUILDING 01 B. WING	08/24/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT JULIET HEALTH CARE CENTER	2660 NORTH MT JULIET ROAD MOUNT JULIET, TN 37122

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: Based on observation it was determined the facility failed to maintain the corridor doors. The findings include: Observation of the kitchen area on 8/24/10 at 9:22 AM, revealed the door did not close within the frame. National Fire Protection Association (NFPA) 101, 8.3.4.1. This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 8/24/10.	K 018	**K018 NFPA 101 Life Safety Code Standard** SS=D **Requirement:** The facility will ensure that any door protecting corridor opening has no impediments to closing. **Corrective Action:** 1. On 8-24-10 the maintenance supervisor repaired the threshold in order for the door to close properly within the frame. 2. The maintenance supervisor inspected all doors in the facility on 8-26-10 to ensure all corridor doors closed properly within the frame. 3. The maintenance supervisor was in-serviced by the Administrator on 8-26-10 regarding proper maintenance and closure of corridor doors. 4. The maintenance supervisor and administrator will monitor for compliance through random facility rounds and report the findings to the QA Committee.	8/26/10
K 050	NFPA 101 LIFE SAFETY CODE STANDARD	K 050		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Laurel Sharp	Administrator	9-8-10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 050 SS=E	Continued From page 1 Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on observation it was determined the facility failed the fire drill The findings include: Observation during the fire drill on 8/24/10 at 9:25 AM, revealed the staff failed to immediately call out code red, location of the fire, close the door to the fire, and activate the alarm system. National Fire Protection Association (NFPA) 101, 19.2.3 These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 8/24/10.	K 050	**K050 NFPA 101 Life Safety Code Standard** **SS=E** **Requirement:** The facility will ensure staff is familiar with procedures and is aware that drills are part of established routines. **Corrective Action:** 1. On 8-27-10 staff was in-serviced by the maintenance supervisor regarding correct fire drill procedures. 2. On 8-30-10 a fire drill was conducted by the maintenance supervisor. The facility staff responded appropriately and followed policy. 3. The maintenance supervisor was in-serviced by the Administrator on 8-30-10 regarding correct fire drill procedures. 4. The Administrator and QA Committee will monitor monthly fire drills for compliance.	8/30/10
K 054 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3 This STANDARD is not met as evidenced by:	K 054	**K054 NFPA 101 Life Safety Code Standard** **SS=D** **Requirement:** The facility smoke detectors will be maintained, inspected and tested in accordance with the manufacturer's specifications.	

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K 054	Continued From page 2 Based on observation it was determined the facility failed to maintain the smoke detectors. The findings include: Observation of the corridor by the nurses' station on 8/24/10 at 9:00 AM, revealed the smoke detector was in the direct path of the air diffuser. National Fire Protection Association (NFPA) 72, 2-3.5.1 This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 8/24/10.	K 054	**Corrective Action:** 1. The smoke detector in the corridor by the nurses station was moved 3 ft away from the air diffuser on 8-25-10 by the maintenance supervisor. 2. The facility smoke detectors were inspected by the maintenance supervisor on 8-25-10 to ensure proper placement. 3. The maintenance supervisor was in-serviced by the Administrator on 8-27-10 regarding the proper placement of smoke detectors. 4. The maintenance supervisor will monitor for compliance through daily rounds.	
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation and record review, it was determined the facility failed to maintain the sprinkler system. The findings include: Observation of the activity office and the kitchen locker room on 8/24/10 at 9:10 AM, revealed supplies were stored within the 18 inches of the sprinklers. National Fire Protection Association (NFPA) 13, 5.5.6 Record review, on 8/24/10 at 9:45 AM, revealed no quarterly inspections was conducted on the	K 062	**K062 NFPA 101 Life Safety Code Standard** **SS=E** **Requirement:** The facility sprinkler system will be maintained in a reliable operating condition. **Corrective Action:** 1a. On 8-24-10 the maintenance supervisor removed the items that were stored within the 18 inches of the sprinklers. b. On 8-30-10 an outside vendor conducted a quarterly inspection on the sprinkler system as required. 2a. The maintenance supervisor inspected all store rooms for compliance on 8-27-10. b. Contract signed with sprinkler system company to conduct quarterly inspections on sprinkler system.	8/27/10

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K 062	Continued From page 3 sprinkler system. NFPA 25 These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 8/24/10.	K 062	3. The maintenance supervisor was in-serviced by the Administrator on 8-27-10 regarding the 18 inch rule adhering to the quarterly sprinkler system inspection. 4. The maintenance supervisor and Administrator will monitor for compliance through daily facility rounds and report findings to the QA Committee.	
K 064 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1, 19.3.5.6, NFPA 10. This STANDARD is not met as evidenced by: Based on observation it was determined the facility failed to maintain the fire extinguishers. The findings include: Observation of the kitchen area on 8/24/10 at 9:15 AM, revealed a fire extinguisher was mounted at 65 inches instead of the required 60 inches. National Fire Protection Association (NFPA) 10, 1.6.10 Observation of the kitchen area and the service corridor on 8/24/10 at 9:22 AM, revealed the fire extinguishers were not inspected monthly. NFPA 10, 4.3.1 These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 8/24/10.	K 064	K064 NFPA 101 Life Safety Code Standard SS=E Requirement: Portable fire extinguishers are provided in all health care occupancies. Corrective Action: 1a. On 8-24-10 the maintenance supervisor remounted the fire extinguishers at 60 inches. b. On 8-24-10 the maintenance supervisor inspected the fire extinguisher in the kitchen area and the service corridor. 2a. The maintenance supervisor completed facility rounds on 8-30-10 to ensure fire extinguishers were hung at the required 60 inches for compliance. b. The facility fire extinguishers were inspected by the maintenance supervisor on 8-30-10 to ensure timely inspection of fire extinguishers. 3. The maintenance supervisor was in-serviced by the Administrator on 8-30-10 regarding the proper mounting and timely inspections of fire extinguishers. 4. The maintenance supervisor will monitor for compliance monthly through facility rounds and observation.	8/30/10 8/30/10